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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TITLE CONCEPTS OF FLORIDA, CORPORATIC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LIZA M. MEDELL
Name (Printed or typed)

922 WALLACE STREET
Address

CORAL GABLES, FL 33134
City, State & Zip

786. 295. 6440
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 4, 2005

LISA M MEDELL
922 WALLACE STREET
CORAL GABLES, FL 33134

SUBJECT: TITLE CONCEPTS OF FLORIDA, CORPORATION
Ref. Number: W05000036820

We have received your document for TITLE CONCEPTS OF FLORIDA, CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000009675.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 105A00050255

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA PREMIER TITLE SERVICES,
CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5805 BLUE LAGOON DRIVE
SUITE 410
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TITLE INSURANCE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LIZA M. MEDELL
922 WALLACE STREET
CORAL GABLES, FL 33134
PRESIDENT/SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LIZA M. MEDELL
922 WALLACE STREET
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LIZA M. MEDELL
922 WALLACE STREET
CORAL GABLES, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

7/26/05

Signature/Incorporator

Date

7/26/05